



**King County**  
**Department of Development**  
**and Environmental Services**  
900 Oakesdale Avenue Southwest  
Renton, WA 98057-5212

**206-296-6600** TTY 206-296-7217

**AFFIDAVIT REGARDING  
MEDICAL HARDSHIP  
Mobile Home Permit**

For alternate formats, call 206-296-6600.

I, \_\_\_\_\_ am the applicant for a medical hardship  
mobile home permit number \_\_\_\_\_ and I hereby certify that:

1. The temporary dwelling is necessary to provide daily care defined in Chapter 21A.06.262 of the King County Code as: medical procedures, monitoring and attention that are necessarily provided at the residence of the patient by the primary provider of daily care on a 24-hour basis.
2. The primary provider of such daily care will reside on-site.

I acknowledge that I understand the mobile home is temporary in nature and must be removed within 90-days of the permit expiring or when daily care is no longer required. I understand that the permit must be extended on an annual basis and that an updated physician's letter must be submitted each time the permit is extended. Additionally, I have attached a statement from the physician certifying that a resident of the property requires daily care as defined in Chapter 21A.06.262 of the King County Code and the statement contains an original signature and is dated within the last 90-days.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn to, before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY SEAL OR STAMP

\_\_\_\_\_  
Signature  
NOTARY PUBLIC in and for the State of Washington,  
residing at \_\_\_\_\_

**Check out the DDES Web site at [www.kingcounty.gov/permits](http://www.kingcounty.gov/permits)**